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Sustainability of the Health System: Beyond Cost-effectiveness Analyses. Response



Sostenibilidad del sistema sanitario: más allá de los análisis de coste-efectividad. Respuesta

To the Editor,

We appreciate and agree with the letter of Lozano et al, and take advantage of their use of zoom to join them in their insistence on the sustainability of the Spanish health system beyond cost-effectiveness analysis, one of the tools that have been shown to help preserve it. Let's forget for the moment that Spain is the only important European country that does not use economic evaluation, even for large investments, and let's think in terms of "continuous evaluation". This would involve a system of benchmarking, with price regulation, and public funding that would gradually stimulate those centers with better results. It would be a way to integrate evaluation into the public management circuit: budgeting, implementation, evaluation...

An agreement among health professionals, industry, and administrators is unquestionably necessary. The professionals have a duty to their patients; administrators have to answer to everyone. Thus, given their preeminence, they must ensure that industry's innovation (there are many other types of innovation—including nonscientific, like the Spanish multinational Inditex or the Swedish Ikea—in processes and organization) occurs where the benefit in terms of quantity and quality of life will be greatest. For this purpose, mechanisms like value-based pricing seem to be adequate.

The maximization of social welfare requires prioritization, because the demand exceeds the resources in all sectors. Economic evaluation is useful in prioritization and has dispelled doubts concerning the well-being derived from social investment in education and training. It helps to indicate and finance innovations selectively and conditionally, and extend or restrict them on the basis of trials. There are a number of alternatives that can reinforce, and also replace, the current patent system.¹

For guidelines to be viable and for them to *really* be used, they should be adapted to local determinants, including the costs of their recommendations. A translation along these lines is provided by a number of sources, for example, the fundamentals of InnovaSEC^{2,3} or a recent and irrefutable editorial of the European Society of Medical Oncology (ESMO): "Leaving the pricing-efficacy

of cancer drugs out of the equation (the ESMO clinical benefit scale is no longer an option".⁴ The unaffordable is not done or undertaken if it reduces the well-being of the general public.

More technical and longer-term criteria are also necessary. It suffices to mention any structural change: even the apparently slightest interventions (surgical checklist, hand hygiene) require an institutional change (in rules of the game and values).

To increase the quality of the public administration (health care included) in Spain demands an improvement in our politics, starting, for example, with a new law regarding political parties. Meanwhile, we should prepare to weather the storm.

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